

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 0-876)**

APPLICANT(S)

09 / 13 010

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3		5			
TOTAL DEP.	27		38			
TOTAL	30		43			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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Best Available Copy